

**State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006**

**G. STEVEN ROWE,
Attorney General**

**COMPLAINT FORM
DO NOT CALL**

Complaint #
Mediator
PDF

YOUR INFORMATION

Your Name(s) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

TELEPHONE SOLICITOR

Name of Telemarketing Company _____

Telephone Number of Telemarketing Company _____

Caller's Name _____ Direct Tel No (if known) _____

Address (if known) _____

City _____ State: _____ Zip _____

We must have either the name or the telephone number of the telemarketing company to process your complaint, as well as the date of the call and the residential or mobile telephone number the telemarketer/solicitor called.

1. Date of Call: _____ Time of Call: _____ Duration of Call (minutes) _____

2. Residential or mobile telephone number the telemarketer called: _____

3. Is the telephone number the telemarketer called on the Maine or National Do Not Call Registry?
____ Yes ____ No

If so, when did you register? _____ (Include email verification from FTC if you have it)

4. Was the call a prerecorded message? ____ Yes ____ No

5. What was the phone number that appeared on Caller ID? (if available) _____

6. Was Caller ID blocked by the telemarketer? ____ Yes ____ No

7. Had you previously provided express permission for or invited the telemarketer to call you?
____ Yes ____ No

8. Have you had a business relationship with this company within the past eighteen months?
____ Yes ____ No

PLEASE COMPLETE THE OTHER SIDE

12. Was the call made by or on behalf of a charitable or nonprofit organization? ☐ Yes ☐ No

☐ Don't know

Today's date: _____ **Your Signature:** _____